

# MHSD CONTRACT BUDGET

## Input Detail

PROPOSER NAME:	Healing Hearts for Community Development
ADDRESS (LINE 1):	1901-B Airline Drive
ADDRESS (LINE 2):	Metairie, LA 70001
ADDRESS (LINE 3):	
CONTACT PERSON:	Freddie G. Landry
PHONE NUMBER:	(504) 833-4673
BUDGET PERIOD (BEGIN DATE):	July 1, 2010
BUDGET PERIOD (END DATE):	June 30, 2011

### INSTRUCTIONS:

Your use of this Budget spreadsheet is dependent on the type of reimbursement you receive under your Contract with the MHSD. The types of reimbursement are as follows:

1 **Cost Reimbursement.** Contractor receives reimbursement for operating expenses incurred as the result of providing services under its contract with the MHSD. As an example, (1) programs that fund salaries of clinical psychiatrists/therapists at Behavioral Health Centers, (2) programs that provide outreach/supportive services to the homeless, and (3) programs that provide crisis transportation service to mentally ill, among others.

Attachments to be completed are: Salaries, Related Benefits, Travel, Operating Expenses, Supplies, and Other (as necessary).

2 **Reimbursement for Payment of Pre-Approved Client Expenditures.** Contractor receives reimbursement for the payment of pre-approved client expenditures and reimbursement for administrative costs to administer the program. As an example, (1) rental assistance programs and living assistance programs that provide pre-approved payments on behalf of clients or (2) pre-approved family support service programs, among others.

Attachments to be completed are: Professional Services.

3 **Fee For Service.** Contractor receives unit cost reimbursement for providing a defined single unit of service under its contract with the MHSD. As an example, (1) treatment facilities that receive a unit cost per day for utilization of patient beds or (2) educational program providers that receive a unit cost per day for each training session per student and (3) professional service contracts for consulting services at an hourly rate, among others.

Attachments to be completed are: Professional Services.

## MHSD CONTRACT BUDGET Salaries Detail

CONTRACTOR NAME:   rent Healing Hearts for Community Development   Heali

BUDGET PERIOD:             July 1, 2010     THROUGH             June 30, 2011

Ref	Position/Title	Annual Salary	# Months Employed	% FTE (for MHSD)	Allocation of Salary (to MHSD)	Comments
Ex.	Chief Administrative Officer	\$ 50,000.00	10.0	80.0%	\$ 33,333.33	CAO annual salary of \$50,000. Will be employed for the full 12 months of the fiscal year. Estimated that 80% of time will be spent providing services under this Contract.
1		\$ -	-	0.0%	\$ -	
2		\$ -	-	0.0%	\$ -	
3		\$ -	-	0.0%	\$ -	
4		\$ -	-	0.0%	\$ -	
5		\$ -	-	0.0%	\$ -	
6		\$ -	-	0.0%	\$ -	
7		\$ -	-	0.0%	\$ -	
8		\$ -	-	0.0%	\$ -	
9		\$ -	-	0.0%	\$ -	
10		\$ -	-	0.0%	\$ -	
11		\$ -	-	0.0%	\$ -	
12		\$ -	-	0.0%	\$ -	
13		\$ -	-	0.0%	\$ -	
14		\$ -	-	0.0%	\$ -	
15		\$ -	-	0.0%	\$ -	
	<b>TOTAL</b>	\$ -			\$ -	

## MHSD CONTRACT BUDGET Related Benefits Detail

CONTRACTOR NAME: Healing Hearts for Community Development H

BUDGET PERIOD: July 1, 2010 THROUGH June 30, 2011

Reference	Position/Title	Allocation of Salary (to MHSD)	FICA Employer Share	Medicare Taxes Employer Share	FUTA Taxes Employer Share	Worker's Comp. Insurance	Benefits Life Insurance	Benefits Health Insurance	Benefits Disability Insurance	Benefits Accrued Vacation Pay	Benefits 401K Contrib.	Benefits Other	Total Benefits & Taxes	Total Allocated Salary, Benefits & Taxes
Ex.	Chief Administrative Officer	\$ 33,333	\$ 2,067	\$ 483	\$ 56	\$ 150	\$ 1,667	\$ 2,500	\$ 667	\$ 1,282	\$ 1,000	\$ -	\$ 9,871	\$ 43,205
1		\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
2		\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
3		\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
4		\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
5		\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
6		\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
7		\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
8		\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
9		\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
10		\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
11		\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
12		\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
13		\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
14		\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
15		\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
	<b>TOTAL</b>	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -

**MHSD CONTRACT BUDGET  
Travel Detail**

CONTRACTOR NAME: nent Healing Hearts for Community Development Healir

BUDGET PERIOD: July 1, 2010 THROUGH June 30, 2011

Ref	Description	# of Miles	Rate Per Mile	Mileage Expense	Other Travel	Total Expense	Comments
Ex.	Travel - Mileage Expense	10,400.00	\$ 0.48	\$ 4,992.00	\$ -	\$ 4,992.00	10 patients/week x 2 trips per patient (to/from) x 10 miles trip.
1		-	\$ 0.48	\$ -	\$ -	\$ -	
2		-	\$ 0.48	\$ -	\$ -	\$ -	
3		-	\$ 0.48	\$ -	\$ -	\$ -	
4		-	\$ 0.48	\$ -	\$ -	\$ -	
5		-	\$ 0.48	\$ -	\$ -	\$ -	
6		-	\$ 0.48	\$ -	\$ -	\$ -	
7		-	\$ 0.48	\$ -	\$ -	\$ -	
8		-	\$ 0.48	\$ -	\$ -	\$ -	
9		-	\$ 0.48	\$ -	\$ -	\$ -	
10		-	\$ 0.48	\$ -	\$ -	\$ -	
11		-	\$ 0.48	\$ -	\$ -	\$ -	
12		-	\$ 0.48	\$ -	\$ -	\$ -	
13		-	\$ 0.48	\$ -	\$ -	\$ -	
14		-	\$ 0.48	\$ -	\$ -	\$ -	
15		-	\$ 0.48	\$ -	\$ -	\$ -	
	<b>TOTAL</b>	-		\$ -	\$ -	\$ -	

## MHSD CONTRACT BUDGET Operating Expenses Detail

CONTRACTOR NAME:   ling Hearts for Community Developmen

BUDGET PERIOD:           July 1, 2010    THROUGH    June 30, 2011

Ref	Description	Amount	Comments
Ex.	Rent Expense - Treatment Facility	\$    31,500.00	Rental expense for treatment facility is \$3,500/month. Allocated 75% to MHSD based on pro-rated share of funding provided.
Ex.	Transportation vehicle lease expense	\$    12,600.00	Lease expense for 2 transportation vehicles to transport patients. \$525/month per vehicle for 12 months.
Ex.	Cell Phone - transportation staff	\$      1,800.00	Cell phones for transportation staff to maintain contact with office and clients. 2 staff personnel @ \$75/month for 12 months.
1		\$           -	
2		\$           -	
3		\$           -	
4		\$           -	
5		\$           -	
6		\$           -	
7		\$           -	
8		\$           -	
9		\$           -	
10		\$           -	
11		\$           -	
12		\$           -	
13		\$           -	
14		\$           -	
15		\$           -	
	TOTAL	\$           -	

## MHSD CONTRACT BUDGET Supplies Detail

CONTRACTOR NAME:   ling Hearts for Community Developmen

BUDGET PERIOD:           July 1, 2010    THROUGH    June 30, 2011

Ref	Description	Amount	Comments
Ex.	Medical Supplies - Adult Diapers	\$    46,800.00	100 patients x 2 packs diapers/week x 52 weeks x \$4.50/pack
1			
2		\$           -	
3		\$           -	
4		\$           -	
5		\$           -	
6		\$           -	
7		\$           -	
8		\$           -	
9		\$           -	
10		\$           -	
11		\$           -	
12		\$           -	
13		\$           -	
14		\$           -	
15		\$           -	
	<b>TOTAL</b>	<b>\$           -</b>	

Initials/Date: \_\_\_\_\_

### MHSD CONTRACT BUDGET Professional Services Detail (includes Fee-For-Service Contracts)

CONTRACTOR NAME: ling Hearts for Community Developer

BUDGET PERIOD: July 1, 2010 THROUGH June 30, 2011

Ref	Description	Amount	Comments
Ex.	Professional Services - Consultant	\$ 67,500.00	\$100/hour x 15 hours/week for 45 weeks.
Ex.	Fee for Service Contract - Fee per Student for Educational Programs	\$ 52,000.00	100 students x \$10/student x 2 sessions/week x 26 weeks
1	Fee for Service Contract - Fee per student for AD prevention programs	\$ 51,811.11	Payment will be made on a fee for service basis according to the rates established in the MHSD AD Prevention Rate Schedule found in Attachment 8 of the contract, not to exceed \$75 per student.
2			
3		\$ -	
4		\$ -	
5		\$ -	
6		\$ -	
7		\$ -	
8		\$ -	
9		\$ -	
10		\$ -	
11		\$ -	
12		\$ -	
13		\$ -	
14		\$ -	
15		\$ -	
	<b>TOTAL</b>	<b>\$ 51,811.11</b>	

## MHSD CONTRACT BUDGET Other (1) Detail

CONTRACTOR NAME:   ling Hearts for Community Developmen

BUDGET PERIOD:               July 1, 2010    THROUGH    June 30, 2011

Ref	Description	Amount	Comments
1		\$ -	
2		\$ -	
3		\$ -	
4		\$ -	
5		\$ -	
6		\$ -	
7		\$ -	
8		\$ -	
9		\$ -	
10		\$ -	
11		\$ -	
12		\$ -	
13		\$ -	
14		\$ -	
15		\$ -	
	TOTAL	\$ -	

**MHSD CONTRACT BUDGET  
Other (2) Detail**

CONTRACTOR NAME:   ling Hearts for Community Developmen

BUDGET PERIOD:               July 1, 2010    THROUGH    June 30, 2011

Ref	Description	Amount	Comments
1		\$ -	
2		\$ -	
3		\$ -	
4		\$ -	
5		\$ -	
6		\$ -	
7		\$ -	
8		\$ -	
9		\$ -	
10		\$ -	
11		\$ -	
12		\$ -	
13		\$ -	
14		\$ -	
15		\$ -	
	<b>TOTAL</b>	\$ -	

# MHSD CONTRACT BUDGET

## Summary Budget For This Period

Summary

CONTRACTOR NAME: ealing Hearts for Community Development

BUDGET PERIOD: July 1, 2010 THROUGH June 30, 2011

Attach.	Categories	Total Amount
1	Salaries	\$ -
2	Related Benefits	\$ -
3	Travel	\$ -
4	Operating Expenses	\$ -
5	Supplies	\$ -
6	Professional Services (includes Fee-For-Service Contracts)	\$ 51,811.11
7	Other (1)	\$ -
8	Other (2)	\$ -
9	Administrative Expenses	
	<b>TOTAL</b>	<b>\$ 51,811.11</b>

I do hereby certify that I have prepared the estimates and amounts provided in this budget and they are reasonable and just and based on my expectation of actual costs to be incurred under the contract. In the event that we determine that the estimates and amounts provided in this budget are not consistent with actual costs being incurred to provide services under the contract, we will notify the MHSD immediately. I understand

\_\_\_\_\_  
Signature of Chief Financial Officer